

11-8-CK

Practitioner's Docket No. 39238-0753

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group No.: 3739

Examiner: Peffley, Michael F...

In re application of: Stern

Serial No.: 10/072,475

Filed: 02/06/2002

For: Handpiece for Treatment of Tissues

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Introductory Comments

Responsive to the office action mailed 10/04/2004, please consider the following amendments and remarks.

Claims listing begins on page 2 of this paper.

Remarks begin on page 13 of this paper.

11/09/2004 AWONDAF1 00000059 081641 10072475

01 FC:2202 18.00 DA

Attorney Docket No.: 39238-0753

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Signature

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Under the Paperwork Reduction A	ct of 1995, no persons ar		Approved for use through 09/30/2000. OMB 063 at and Trademark Office: U.S. DEPARTMENT OF COMN tion of information unless it displays a valid OMB control r
The state of the s		Application Number	10/072,475
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Filing Date	02/06/2002
		First Named Inventor	r Stern
		Group/Art Unit	3739
		Examiner Name	Peffley, Michael F.
Total Number of Pages in This Submissi	on 20	Attorney Docket Numb	per 39238-0753
	ENCLOSU	RES (check all that apply)	
Fee Transmittal Form Fee Attached Amendment / Response After Final Affidavits/declaration(s) Extension of Time Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Clicensing Drawing Licensing Petition Provision Provision Power of Change Termina Small E Other Remarks AUTHORIZA	ng-related Papers to Convert to a onal Application of Attorney, Revocation of Correspondence Address al Disclaimer ntity Statement	POSIT ACCOUNT 08-1641 FOR ANY FEES
Firm or Paul Davis, Reg. No.		LICANT, ATTORNEY O	
Individual name Signature			- <u></u>
Date 11/04/2004		Customer Number:	25213
		E OF EXPRESS MAILIN	
I hereby certify that this correspondence Addressee" service under 37 C.F.R. §1.1 Alexandria, VA 22313-1450		ed below and addressed to:	Commissioner for Patents, P.O. Box 1450,
Typed or printed name Sidney Ma	nibusan /	Express Mail Label E	L 773 091 774 US
Signature 100		Date	e 10/29/2004

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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FEE TRANSMIT	TAL
for FY 2004	•

Effective 01/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 18

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Complete if Known						
Application Number	10/072,475					
Filing Date	02/06/2002					
First Named Inventor	Stern					
Examiner Name	Peffley, Michael F.					
Art Unit	3739					
Attorney Docket No.	39238-0753	Т				

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)					
☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None	3. ADDITIONAL FEES						
Clear Caut Caut Money Order Could Choice 3. ADDITIONAL FEES							
Deposit Account:	Large						
Deposit Account 08-1641 (Docket No. 39238-0753)		Entity Fee	Small Fee	Entity Fee	Fee Description	Fee	
Number	Fee Code	(\$)	Code	(\$)	•	Paid	
Deposit	1051	130	2051	65	Surcharge - late filing fee or oath		
Account Heller Ehrman White & McAuliffe LLP		50	2052	25	Surcharge - late provisional filing fee or cover sheet		
Name		130	1053	130	Non-English specification		
The Commissioner is authorized to: (check all that apply)		2,520	1812	2,520	For filing a request for ex parte reexamination		
☐ Charge fee(s) indicated below ☐ Credit any overpayments		920*	1804	920*	Requesting publication of SIR prior to		
Character and additional Gas(s) during the new dampy of this application	1805	1,840*	1805	1,840*	Examiner action Requesting publication of SIR after		
Charge any additional fee(s) during the pendency of this application		1,010		.,	Examiner action		
Charge fee(s) indicated below, except for the filing fee to the above- identified deposit account.	1251	110	2251	55	Extension for reply within first month		
	1252	420	2252	210	Extension for reply within second		
FEE CALCULATION					month		
1. BASIC FILING FEE Large Entity Small Entity Fee Description Fee Paid	1253	950	2253	475	Extension for reply within third month Extension for reply within fourth		
Fee Fee Fee Fee	1254	1,480	2254	740	month		
Code (\$) Code (\$)	1255	2,010	2255	1,005	Extension for reply within fifth month		
1001 770 2001 385 Utility filing fee	1401	330	2401	165	Notice of Appeal		
1002 340 2002 170 Design filing fee	1402	330	2402	165	Filing a brief in support of an appeal		
1003 530 2003 265 Plant filing fee	1403	290	2403	145	Request for oral hearing		
1004 770 2004 385 Reissue filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding		
1005 160 2005 80 Provisional filing	1452	110	2452	55	Petition to revive - unavoidable		
fee							
SUBTOTAL (1) (\$) 0		1,330	2453	665	Petition to revive - unintentional	 	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,330	2501	665	Utility issue fee (or reissue)		
Fee from Extra Claims below Fee Paid		480	2502	240	Design issue fee		
Total Claims 104 -102* = 2 x 9 = 18	1503	640	2503	320	Plant issue fee		
Independent 31 -31* = 31 x 88 = 0	1460	130	1460	130	Petitions to the Commissioner		
Multiple Dependent = 0	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity Fee Description	1						
Fee Fee Fee Fee Code (\$) Code (\$)	1806	180	1806	180	Submission of Information Disclosure Stmt		
1202 18 2202 9 Claims in excess of 20	8021	40	8021	40	Recording each patent assignment per		
1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	property (times number of properties) Filing a submission after final		
		770	2810	385	rejection (37 CFR 1.129(a)) For each additional invention to be	<u> </u>	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	363	examined (37 CFR 1.129(b))		
1204 86 2204 43 **Reissue independent claims over original patent	1801	770	2801	385	Request for Continued Examination (RCE)		
1205 18 2205 9 **Reissue claims in excess of 20	1802	900	1802	900	Request for expedited examination of a design application		
and over original patent	Other fe	e (cnecify	A.		а исыди аррисации		
SUBTOTAL (2) (\$) 18 **or number previoushy paid_if greater; For Reissues, see above	'	Other fee (specify) * Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$				(A) (C)	
	* Kedud	ed by Bas	ic riling h	ee Paid	SUBTOTAL (3)	(\$)0	
SUBMITTED BY Complete (if applicable) Name (Print Type) Registration No. 20 204 Talanham (550 224 7000)							
	Kegistratio (Attorney/A		29,294	., .	Telephone 650-324	-7000	
	Date	11/	4/0	19	Customer No. 252	13	